© SENDER: COMPLETE THIS SECTION -00861-S Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Chilary Section on provide Section o	Agent Addressee C. Date of Delivery The Date of Delivery The Date of Delivery
item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits. 1. Article Addressed to: Leader Bed Jose Ct. 3327 Gold Rush Ct. TEB 0 9 2 3. Service Type	C. Date of Delivery C. Date of Delivery C. Ves
uendell Bed ford 3327 Gold Rush Ct. Cinumate, Ohio 3. Service Type 3. Service Type	2004
Chemida 102/10 3. Serviça Type 300 100	/
	pt for Merchandise
4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer filom service laber) 7003 2260 0002 6723 3982	_
PS Form 3811, August 2007 W Domestic Return Receipt 52 SSB	102595-02-M-1540



* Sender: Please print your name, address, and ZIP+4 in this box *

9 125

OFFICE OF THE CLERK
U. S. DISTRICT COURT
Rm. 324 U. S. Courthouse
5th & Walnut Streets
Cincinnati, Ohio 45202

Idaddaddhalladad